

to mint coins in commemoration of the 50th anniversary of the establishment of the National Aeronautics and Space Administration and the Jet Propulsion Laboratory.

S. 3609

At the request of Mrs. LINCOLN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 3609, a bill to amend title XVIII of the Social Security Act to provide for the treatment of certain physician pathology services under the Medicare program.

S. 3659

At the request of Ms. SNOWE, the names of the Senator from Louisiana (Ms. LANDRIEU), the Senator from Indiana (Mr. BAYH) and the Senator from Arkansas (Mr. PRYOR) were added as cosponsors of S. 3659, a bill to reauthorize and improve the women's small business ownership programs of the Small Business Administration, and for other purposes.

S. 3667

At the request of Mr. FRIST, the name of the Senator from Kentucky (Mr. BUNNING) was added as a cosponsor of S. 3667, a bill to promote nuclear nonproliferation in North Korea.

S. RES. 407

At the request of Mr. MENENDEZ, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of S. Res. 407, a resolution recognizing the African American Spiritual as a national treasure.

S. RES. 420

At the request of Mr. SMITH, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. Res. 420, a resolution expressing the sense of the Senate that effective treatment and access to care for individuals with psoriasis and psoriatic arthritis should be improved.

S. RES. 507

At the request of Mr. BIDEN, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from Georgia (Mr. ISAKSON) were added as cosponsors of S. Res. 507, a resolution designating the week of November 5 through November 11, 2006, as "National Veterans Awareness Week" to emphasize the need to develop educational programs regarding the contributions of veterans to the country.

S. RES. 510

At the request of Mr. MARTINEZ, the names of the Senator from Delaware (Mr. BIDEN), the Senator from Connecticut (Mr. LIEBERMAN) and the Senator from Louisiana (Ms. LANDRIEU) were added as cosponsors of S. Res. 510, a resolution designating the period beginning on June 28, 2006, and ending on July 5, 2006, as "National Clean Beaches Week", supporting the goals and ideals of that week, and recognizing the considerable value and role of beaches in the culture of the United States.

S. RES. 531

At the request of Mr. LIEBERMAN, the names of the Senator from Massachu-

setts (Mr. KENNEDY), the Senator from Massachusetts (Mr. KERRY) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. Res. 531, a resolution to urge the President to appoint a Presidential Special Envoy for Sudan.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. HATCH (for himself and Mr. KENNEDY):

S. 3668. A bill to amend the Public Health Service Act to provide for the expansion and improvement of traumatic brain injury programs, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. HATCH. Mr. President, as we face the close of the 109th Congress in the coming months, I feel it is important that we reauthorize the Traumatic Brain Injury Act. It is my pleasure to introduce this reauthorization bill along with the ranking minority member of the Senate Health, Education, Labor, and Pension Committee, Senator TED KENNEDY, with whom I worked on the original legislation over 10 years ago. Our colleagues on the House side, Representatives BILL PASCRELL, JR., and TODD RUSSELL PLATTS, have just recently introduced a companion bill with the same goal of reauthorizing the TBI Act this year.

Sustaining a traumatic brain injury—or TBI—can be both catastrophic and devastating. The financial and emotional costs to the individual, family, and community are enormous. Traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability annually.

Of the 1.4 million who sustain a TBI each year in the United States: 50,000 die; 235,000 are hospitalized; and 1.1 million are treated and released from an emergency department. Brain injuries are the most frequent reasons for visits to physicians and emergency rooms.

These statistics are more revealing when one considers that every 16 seconds someone in the U.S. sustains a head injury; every 12 minutes, one of these people will die and another will become permanently disabled. Of those who survive, each year, an estimated 80,000 to 90,000 people experience the onset of long-term disability associated with a TBI. An additional 2,000 will exist in a persistent vegetative state.

Even more startling is the fact that brain injury kills more Americans under the age of 34 than all other causes combined and has claimed more lives since the Turn of the Century than all United States wars combined. Sixty-eight percent of war veterans are returning home with sustained brain injuries.

The distress of TBI is not limited to diagnosis. A survivor of a severe brain injury typically faces 5 to 10 years of intensive services and estimated life-

time costs can exceed \$4 million. Direct medical costs and indirect costs such as lost productivity of TBI totaled an estimated \$60 billion in the United States in 2000.

The Traumatic Brain Injury Act is the only Federal legislation specifically addressing issues faced by 5.3 million American children and adults who live with a long-term disability as a result of traumatic brain injury. Reauthorization of the Traumatic Brain Injury Act will provide for the continuation of research, not only for the treatment of TBI but also for prevention and awareness programs which will help decrease the occurrence of traumatic brain injury and improve the long-term outcome.

In 2006, Congress has an opportunity to strengthen the TBI Act by authorizing the Centers for Disease Control and Prevention, CDC, to determine the incidence and prevalence of traumatic brain injury in the general population of the United States, including all age groups and persons in institutional settings such as nursing homes, correctional facilities, psychiatric hospitals, child care facilities, and residential institutes for people with developmental disabilities.

This legislation authorizes the Health Resources and Services Administration, HRSA, to make grants for projects of national significance that improve individual and family access to service systems; assist states in developing service capacity; improve monitoring and evaluation of rehabilitation services and supports; and address emerging needs of servicemen and women, veterans, and individuals and families who have experienced brain injury through service delivery demonstration projects.

This bill also authorizes HRSA to include the American Indian Consortium as an eligible recipient of competitive grants awarded to States, Territories, and the District of Columbia to develop comprehensive system of services and supports nationwide.

Furthermore, this bill instructs HRSA and the Administration on Developmental Disabilities to coordinate data collection regarding protection and advocacy services.

The TBI Act offers balanced and coordinated public policy in brain injury prevention, research, education, and community-based services and supports for individuals living with traumatic brain injury and their families.

Mr. President, reauthorization of the Traumatic Brain Injury Act will further provide mechanisms for the prevention, treatment and the improvement of the quality of life for those Americans and their families who may sustain such a devastating disability. I ask my colleagues' support in promptly reauthorizing the Traumatic Brain Injury Act.

Mr. KENNEDY. Mr. President, today I am proud to join with Senator HATCH in sponsoring the reauthorization of the Traumatic Brain Injury Act. This

bill will provide valuable assistance to the millions of children and adults in our nation who are facing an array of problems because of their injuries.

First, it is critical for us to acknowledge the important role which the programs authorized under this bill can play for the large number of soldiers wounded in the war. As of June 2006—almost 19,000 service members have been wounded in Iraq and data continue to demonstrate that brain injuries are approximately two-thirds of the injuries suffered in the war.

On top of that, there is an extremely high incidence of traumatic brain injuries among children between birth and age 14—approximately 475,000 a year—and some of the highest numbers of injuries are among children under the age of five.

Soldiers and children—I cannot think of groups more deserving of our attention.

Reauthorization of the TBI Act is crucial to continued federal funding for a range of traumatic brain injury programs. The bill will reauthorize grants that have provided vital assistance to States, Territories, the District of Columbia, and American Indian Consortia in building or enhancing coordinated systems of community-based services and supports for children and adults with traumatic brain injuries.

In addition, when Congress first authorized the Traumatic Brain Injury Act as part of the Children's Health Act of 2000, it had the foresight to include funding for the Protection and Advocacy for Individuals with Traumatic Brain Injury Program. This program has played a crucial role because individuals with traumatic brain injury have help in returning to work, finding a place to live, accessing needed supports and services such as attendant care and assistive technology, and obtaining appropriate mental health, substance abuse, and rehabilitation services. Often those with brain injuries—including our returning veterans—are forced to remain in extremely expensive institutional settings far longer than necessary because the community-based supports and services they need are not available. Effective protection and advocacy services for people with traumatic brain injury can lead both to reduced Government expenditures and increased productivity, independence and community integration for patients. However, those who advocate for the injured must possess specialized skills and the work is often time-intensive.

This legislation also provides funding for critical CDC programs that provide extremely important surveillance and injury prevention information.

In a time when both the administration and Congress are searching for programs that provide the right kind of “bang for the Federal buck,” the recent findings in an Institute of Medicine March 2006 report show that the TBI programs work. Last year the various programs in the TBI bill were

funded for a total of only \$12 million—yet look at the good they do. Not only should these programs be reauthorized, the funding also should be increased.

The IOM calls the TBI programs an “overall success,” stating that “there is considerable value in providing funding,” and “it is worrisome that the modestly budgeted HRSA TBI Program continues to be vulnerable to budget cuts.” As the IOM study suggests, this program must be continued and allowed to grow in order to ensure that each state has the resources necessary to maintain critical services and advocacy for the estimated 5.3 million people currently living with disabilities resulting from brain injury.

Again, soldiers and children, I cannot think of two more deserving groups of people in our Nation. We owe them the services and advocacy that these critical programs offer. And I urge our colleagues to support the passage of this important piece of bipartisan disability legislation this year.

By Mr. GRASSLEY:

S. 3676. A bill to amend the Congressional Accountability Act of 1995 to apply whistleblower protections available to certain executive branch employees to legislative branch employees, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

Mr. GRASSLEY. Mr. President, I rise today to announce that I am introducing a bill that will extend whistleblower protections currently available to certain executive branch employees to legislative branch employees.

This bill is long overdue. The Office of Compliance has called for these changes on numerous occasions in recent years, and they are very supportive of this bill.

I have fought for whistleblowers for many years. Whistleblowers are the key to exposing a dysfunctional bureaucracy. Government agencies too often want to cover up their mistakes. Without insiders being brave enough to uncover these violations or waste, the American taxpayer would continue to pay for them. These people should not be punished for bringing the misdeeds to light.

Whistleblowers in the executive branch have helped me do my job of oversight. We have done a good job to make sure that whistleblowers in the executive branch are protected. It is simply not fair, nor is it good governance for Congress to enact whistleblower protections on the other branches of Government without giving its own employees the same consideration. This bill merely extends those same protections that other Government employees enjoy to Congress's own employees.

I fully back hard-working Government employees who serve to protect our country, and I hope my colleagues will join me. Congress needs to make sure that its own employees can speak up without retaliation when they blow the whistle on fraud, waste, or abuse.

Mr. President, I ask unanimous consent that the text of this bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3676

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. APPLICATION OF WHISTLEBLOWER PROTECTION RULES TO LEGISLATIVE BRANCH EMPLOYEES.

(a) IN GENERAL.—Part A of title II of the Congressional Accountability Act of 1995 (2 U.S.C. 1311 et seq.) is amended—

(1) in the heading, by striking “**FAIR LABOR STANDARDS**,” and all that follows and inserting “**AND OTHER PROTECTIONS AND BENEFITS**”;

(2) by redesignating section 207 as section 208; and

(3) by inserting after section 206 the following:

“SEC. 207. RIGHTS AND PROTECTIONS UNDER WHISTLEBLOWER PROTECTION RULES.

“(a) RIGHTS AND PROTECTIONS DESCRIBED.—

“(1) IN GENERAL.—No employing office may take or fail to take, or threaten to take or fail to take, a personnel action (within the meaning of chapter 23 of title 5, United States Code) with respect to any covered employee or applicant for employment because of—

“(A) any disclosure of information by a covered employee or applicant which the employee or applicant reasonably believes evidences—

“(i) a violation of any law, rule, or regulation; or

“(ii) gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety;

if such disclosure is not specifically prohibited by law and if such information is not specifically required by Executive order or the rules of the Senate or the House of Representatives to be kept secret in the interest of national defense or the conduct of foreign affairs; or

“(B) any disclosure to the General Counsel, or to the Inspector General of a legislative or executive agency or another employee designated by the head of the legislative or executive agency to receive such disclosures, of information which the employee or applicant reasonably believes evidences—

“(i) a violation of any law, rule, or regulation; or

“(ii) gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety.

“(2) DEFINITIONS.—For purposes of this section and for purposes of applying the procedures established under title IV for the consideration of alleged violations of this section—

“(A) the term ‘covered employee’ includes an employee of the Government Accountability Office or Library of Congress; and

“(B) the term ‘employing office’ includes the Government Accountability Office and the Library of Congress.

“(b) REMEDY.—The remedy for a violation of subsection (a) shall be such remedy as would be appropriate if awarded under chapter 12 of title 5, United States Code, with respect to a prohibited personnel practice described in section 2302(b)(8) of such title.

“(c) REGULATIONS TO IMPLEMENT SECTION.—

“(1) IN GENERAL.—The Board shall, pursuant to section 304, issue regulations to implement this section.

“(2) AGENCY REGULATIONS.—The regulations issued under paragraph (1) shall be the same as the substantive regulations promulgated by the Merit Systems Protection Board to implement chapters 12 and 23 of title 5, United States Code, except to the extent that the Board of Directors of the Office of Compliance may determine, for good cause shown and stated together with the regulation, that a modification of such regulations would be more effective for the implementation of the rights and protections under this section.”.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—

(1) TABLE OF CONTENTS.—The table of contents for part A of title II of the Congressional Accountability Act of 1995 is amended—

(A) in the item relating to part A, by striking “FAIR LABOR STANDARDS,” and all that follows and inserting “AND OTHER PROTECTIONS AND BENEFITS”;

(B) by redesignating the item relating to section 207 as relating to section 208; and

(C) by inserting after the item relating to section 206 the following:

“Sec. 207. Rights and protections under whistleblower protection rules.”.

(2) APPLICATION OF LAWS.—Section 102(a) of the Congressional Accountability Act of 1995 (2 U.S.C. 1302(a)) is amended by adding at the end the following:

“(12) Section 2302(b)(8) of title 5, United States Code.”.

By Mr. BINGAMAN (for himself, Mr. SANTORUM, Mrs. MURRAY, Mr. AKAKA, Mr. JEFFORDS, Mr. KERRY, Mr. HARKIN, and Mr. LIEBERMAN):

S. 3677. A bill to amend title XVIII on the Social Security Act to eliminate the in the home restriction for Medicare coverage of mobility devices for individuals with expected long-term needs; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, I rise today to introduce the Medicare Independent Living Act of 2006 with Senators SANTORUM, MURRAY, COLLINS, AKAKA, JEFFORDS, KERRY, HARKIN, KENNEDY, and LIEBERMAN. This legislation would eliminate Medicare’s “in the home” restriction for the coverage of mobility devices, including wheelchairs and scooters, for those with disabilities and expected long-term needs. This includes people with multiple sclerosis, paraplegia, osteoarthritis, and cerebrovascular disease that includes acute stroke and conditions like aneurysms.

As currently interpreted by the Centers for Medicare and Medicaid Services, CMS, the “in the home” restriction prevents beneficiaries from obtaining wheelchairs that are necessary for use outside the home. This precludes beneficiaries who need a wheelchair to access work, the community at-large, his or her place of worship, school, physician’s offices, or pharmacies.

On July 13, 2005, 34 senators wrote Secretary Leavitt asking the Department of Health and Human Services, or HHS, to modify the “in the home” requirement so as to “improve community access for Medicare beneficiaries with mobility impairments.”

Unfortunately, CMS continues to impose the “in the home” restriction on Medicare beneficiaries in need of mobility devices. The result is that people who may not need a wheelchair to get around their house but do need one to get around their communities, such as to a job, church, or the grocery store, can’t get Medicare to pay for one. As the Medicare Rights Center in a report entitled “Forced Isolation: Medicare’s ‘In The Home’ Coverage Standards for Wheelchairs” in March 2004 notes, “This effectively disqualifies you from leaving your home without the assistance of others.”

Furthermore, in a Kansas City Star article dated July 3, 2005, Mike Oxford with the National Council on Independent Living noted, “You look at mobility assistance as a way to liberate yourself.” He added that the restriction “is just backward.”

In fact, policies such as these are not only backward but directly contradict numerous initiatives aimed at increasing community integration of people with disabilities, including the Americans with Disabilities Act, the Ticket-to-Work Program, the New Freedom Initiative, and the Olmstead Supreme Court decision.

According to the Medicare Rights Center update dated March 23, 2006, “This results in arbitrary denials. People with apartments too small for a power wheelchair are denied a device that could also get them down the street. Those in more spacious quarters get coverage, allowing them to scoot from room to room and to the grocery store. People who summon all their willpower and strength to hobble around a small apartment get no help for talks that are beyond them and their front door.”

In New Mexico, I have heard this complaint about the law repeatedly from our State’s most vulnerable disabled and senior citizens. People argue the provision is being misinterpreted by the administration and results in Medicare beneficiaries being trapped in their home.

The ITEM Coalition adds in a letter to CMS on this issue in November 25, 2005, “There continues to be no clinical basis for the ‘in the home’ restriction and by asking treating practitioners to document medical need only within the home setting, CMS is severely restricting patients from receiving the most appropriate devices to meet their mobility needs.”

Therefore, our bipartisan legislation would clarify that this restriction does not apply to mobility devices, including wheelchairs, for people with disabilities in the Medicare Program. The language change is fairly simple and simply clarifies that the “in the home” restriction for durable medical equipment does not apply in the case of mobility devices needed by Medicare beneficiaries with expected long-term needs for use “in customary settings such as normal domestic, vocational, and community activities.”

This legislation is certainly not intended to discourage CMS from dedicating its resources to reducing waste, fraud, and abuse in the Medicare system, as those efforts are critical to ensuring that Medicare remains financially viable and strong in the future. However, it should be noted that neither Medicaid nor the Department of Veterans Affairs impose such “in the home” restrictions on mobility devices. As Senator BROWNBACK said to the Kansas City Star, it is important to lift the restriction “to reflect our goal of ensuring that Americans with disabilities are able to live independent, healthy, and productive lives.”

I thank Senators SANTORUM, MURRAY, COLLINS, AKAKA, JEFFORDS, KERRY, HARKIN, KENNEDY, and LIEBERMAN for cosponsoring this important legislation, and attached is a fact sheet that I request to be printed in the RECORD. I would also ask unanimous consent to have printed in the RECORD copies of the letter to the administration and the response that was received by Capitol Hill.

There being no objection, the additional material was ordered to be printed in the RECORD, as follows:

U.S. SENATE,

Washington, DC, July 13, 2005.

Re reconsideration of the Medicare “In the Home” requirement on wheelchair coverage.

Hon. MICHAEL O. LEAVITT,
Secretary, Department of Health and Human Services, Washington, DC.

DEAR SECRETARY LEAVITT: The undersigned members write to request that you modify the “in the home” requirement in Medicare’s wheeled mobility benefit to improve community access for Medicare beneficiaries with mobility impairments.

We commend CMS for its dedication to reducing waste, fraud and abuse in the Medicare system, particularly under the mobility device benefit, and fully support your intention to protect precious Medicare funds and resources. Additionally, we commend the agency for recently taking on the task of creating a new and, hopefully, more appropriate Medicare coverage criteria for mobility devices. However, we are concerned that CMS’ current interpretation of the “in the home” requirement may continue to act as an inappropriate restriction in meeting the real-life mobility needs of Medicare beneficiaries with physical disabilities and mobility impairments.

Recently CMS announced a final National Coverage Determination (NCD) for mobility assistance equipment (MAE) that fails to adequately address the concerns of beneficiaries and other parties with the “in the home” restriction.

In order to ensure that the “in the home” requirement does not act as a barrier to community participation for Medicare beneficiaries with disabilities and mobility impairments; we ask that you modify this requirement through the regulatory process. Additionally, if your agency concludes that the “in the home” requirement cannot be addressed through the regulatory process, we request that you respond with such information as quickly as possible, so that Congress may begin examining legislative alternatives.

We thank you for your consideration of this matter.

Sincerely,

Jeff Bingaman, Rick Santorum, John Kerry, Joseph I. Lieberman, Barbara Mikulski, Maria Cantwell, Edward M. Kennedy, Patty Murray, Evan Bayh, Mark Dayton, Jack Reed, Johnny Isakson, Sam Brownback, Jon S. Corzine, James M. Talent, Pat Roberts, Frank Lautenberg.

James M. Jeffords, Christopher S. Bond, Mike DeWine, Daniel K. Akaka, Mary L. Landrieu, Debbie Stabenow, Charles E. Schumer, Ron Wyden, Herb Kohl, Patrick J. Leahy, Arlen Specter, Hillary Rodham Clinton, Christopher J. Dodd, John McCain, Carl Levin, Tom Harkin, Olympia J. Snowe.

THE SECRETARY OF
HEALTH AND HUMAN SERVICES,
Washington, DC, October 25, 2005.

Hon. CHARLES F. BASS,
House of Representatives,
Washington, DC.

DEAR MR. BASS: Thank you for your letter regarding the "in the home" requirement for Mobility Assistive Equipment (MAE).

The Centers for Medicare & Medicaid Services (CMS) is required to follow section 1861(n) of the Social Security Act (the Act) which states "the term 'durable medical equipment' includes iron lungs, oxygen tents, hospital beds, and wheelchairs (which may include a power-operated vehicle that may be appropriately used as a wheelchair, but only where the use of such a vehicle is determined to be necessary on the basis of the individual's medical and physical condition and the vehicle meets such safety requirements as the Secretary may prescribe) used in the patient's home (including an institution used as his home other than an institution that meets the requirements of subsection (e)(1) of this section or section 1819(a)(1)), whether furnished on a rental basis or purchased. . . ." CMS further defined the durable medical equipment (DME) benefit category at 42 CFR section 414.202 to include equipment that can (a) withstand repeated use, (b) is primarily and customarily used to serve a medical purpose, (c) is not generally useful in the absence of illness or injury, and (d) is appropriate for use in the home.

There are two practical requirements that must be satisfied for coverage of DME which are a logical result of the definition of DME:

(1) The equipment must be appropriate for use in the home. This requirement excludes a gasoline-powered vehicle, for example.

(2) The patient must have a need to use the equipment in the home. This requirement excludes equipment that is only necessary for use outside the patient's home.

Therefore, we do not cover equipment if it is exclusively needed outside of the home. However, if DME is needed in the home and the beneficiary also uses it outside the home, the equipment would still be covered. For example, a high strength wheelchair may be covered when appropriate for home use even though it may also be useful outside the home. We do not have any restrictions on the use of the equipment outside of the home as long as there is also a need to use it in the home.

I hope this information has been helpful. Please call me if you have any further thoughts or questions. I will also provide this response to the cosigners of your letter.

Sincerely,

MICHAEL O. LEAVITT.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 533—COMMEMORATING THE 60TH ANNIVERSARY OF THE PERMANENT INTEGRATION OF PROFESSIONAL FOOTBALL BY 4 PIONEERING PLAYERS

Mr. VOINOVICH (for himself, Mr. DEWINE, and Mr. ALLEN) submitted the following resolution, which was considered and agreed to:

S. RES. 533

Whereas the integration of sports supported other ongoing efforts to permanently end racial segregation as an accepted practice in the United States;

Whereas, in 1946, 4 African-American football players, William "Bill" K. Willis and Marion Motley, who played for the Cleveland Browns, and Kenny Washington and Woody Strode, who played for the Los Angeles Rams, all signed contracts to play professional football;

Whereas, on August 7, 1946, Bill Willis was the first of this pioneering foursome to sign a contract to play professional football for the Cleveland Browns forever ending the race barrier in professional football, 1 full year before Jackie Robinson broke the race barrier in professional baseball;

Whereas, thanks to the significant contributions of Bill Willis and Marion Motley, the Cleveland Browns won the National Football League (NFL) Championship in 1950 which was the first year the Cleveland Browns played in the NFL;

Whereas, in addition to permanently ending the race barrier in professional football, Bill Willis and Marion Motley were recognized for their outstanding professional football careers by their election to the Pro Football Hall of Fame; and

Whereas 2006 marks the 60th anniversary of the permanent integration of professional football, and the NFL will commemorate this milestone during the 2006 Pro Football Hall of Fame Game: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the 60th anniversary of the permanent integration of professional football; and

(2) respectfully requests the Secretary of the Senate to transmit for appropriate display an enrolled copy of this resolution to—

(A) the Pro Football Hall of Fame in Canton, Ohio; and

(B) William K. Willis, the only surviving member of the pioneering foursome who permanently ended the race barrier in professional football.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. COBURN. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on Monday, July 17, 2006, at 2:30 p.m. The purpose of this hearing is to receive testimony relating to the implementation of the Energy Policy Act of 2005 Provisions on Hydrogen and Fuel Cell Research and Development.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. COBURN. Mr. President, I ask unanimous consent that the Com-

mittee on Foreign Relations be authorized to meet during the session of the Senate on Monday, July 17, 2006, at 3 p.m. to hold nominations hearings.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. SPECTER. Mr. President, on behalf of the leader, I ask unanimous consent that floor privileges be granted for the duration of the stem cell debate to the following: Dr. Roger Johns of Senator HATCH's office; Laura Holland, Jeff McCaffrey, Jon Koepler, Martina Bebin, and Dave Schmickel of Senator ENZI's office; and Nicole Weitz of Senator FRIST's office.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. HARKIN. Mr. President, I ask unanimous consent that Nathan Porteshawver and Tracie Bryant of my staff be granted floor privileges for the duration of today's session.

On behalf of Senator KENNEDY, I ask unanimous consent that Ahmed Salem, an intern on his HELP Committee staff, be accorded floor privileges during the consideration of the three bills addressing the stem cell issue and all rollcall votes thereon.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. HARKIN. Mr. President, on behalf of Senator ROCKEFELLER, I ask unanimous consent that the following legislative fellows in his office be accorded floor privileges for the duration of Senate consideration of stem cell bills, and on all votes thereon: Dr. Al Pheley, a Robert Wood Johnson fellow; and Bruce Gilberg, an American Association for the Advancement of Sciences fellow.

Mr. COBURN. Mr. President, I ask unanimous consent that floor privileges be granted to Lesley Stewart of Senator ENZI's staff, and also Matt Blackburn of my staff for the duration of the stem cell debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the privilege of the floor be granted to Nicholas Greenway and Eugene Lipkin, interns here on Capitol Hill.

The PRESIDING OFFICER. Without objection, it is so ordered.

DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT, 2007

On Thursday, July 13, 2006 the Senate passed H.R. 5441, as follows:

H.R. 5441

Resolved, That the bill from the House of Representatives (H.R. 5441) entitled "An Act making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2007, and for other purposes," do pass with the following amendment: